

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS	SPACE	FOR	<b>OFFICE</b>	USE	ONLY
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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
RADCLIFFE	JOHN	Н.	808-536-7557		
MAILING ADDRESS (Street)	,		FAX		
222 SOUTH VINEYARD STREET, SUITE 401			808-599-4340		
(City)	(State)	(Zip	(Zip Code)		
HONOLULU	HAWAII	96813	96813-2453		
EMPLOYING ORGANIZATION (I	Fill in only if you are employed by a business er	ntity which has been retained to lobby)	TELEPHONE		
CAPITOL CONSULTANTS OF	HAWAII, LLP		808-531-4551		
MAILING ADDRESS (Street)			FAX		
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601		
(City)	(State)	(ZIP	Code)		
HONOLULU	HAWAII	9681	3-2453		

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE 925-283-0581	
NATIONAL POPULAR VOTE			
MAILING ADDRESS (Street)		FAX 925-871-4016	
3527 MT DIABLO BLVD., #192			
(City)	(State)	(Zip Code)	
LAFAYETTE	CA	94549	
NAME OF PERSON RESPONSIBLE FO	R PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY			
MAILING ADDRESS (Street)		FAX 808-533-4601	
222 SOUTH VINEYARD STREET, S	SUITE AND		

(City)	(State)	(Zip Code)			
HONOLULU	HI		96813-2453		
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PART III DESCRIPTION	OF SUBJECTS UPON WHICH	H YOU EXPECT TO LOE	1 00		
[ ] Agriculture	[ ] Education	[ ] Human Services	[]	Science, Technology & Economic Development	
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[] Intergovernmental Relat	tions, []	Tourism & Recreation	
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ]	Transportation	
[ ] Culture, Arts, Historic Preservation	[X] Health	[ ] Planning, Land & Wate Use Management	er ;[]	Other: (indicate below)	
[ ] Ecology, Energy Environmental Protection		[ ] Public Safety & Correct	tions		
PART IV CERTIFICATION	ON OF LOBBYIST reinformatjon fulpished above	in to the best of my know	uladaa com	oct and complete	
r nereby certify that t	de thornauon rumsned above	is, to the best of my know	vicuge, com	1-12-	
	Jum # Yack	Me	25	Thy too 7	
	(Signature of Lobbyist)			(Date)	
PART V AUTHORIZATI	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING	OFFICER OR	PERSON REPRESENTED	
BARRY FADEM					
NAME OF ORGANIZATION (if a	pplicable)		TELEPH	IONE 925-283-0581	
NATIONAL POPULAR VOTE					
MAILING ADDRESS (Street)			FAX 92	5-871-4016	
3527 MT. DIABLO BLVD., #192					
(City)	(State)	(	Zip Code)		
LAFAYETTE	CA		94549		
I hereby authorize the	e above - named person to eng	age in lobbying activities	on behalf o	f the undersigned.	
1 isa	Todan		1	111/07	
(Sigr	nature of Authorizing Officer or Person	Represented)		(Date)	